## **DECLARATION AND POWER OF ATTORNEY** FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first

Number  I hereby state that I have reincluding the claims, as ame disclose all information whice  Foreign Application(s) and/or Claim	ended by any amendment h is material to patentabilit	cation No. or PCT I	nternational Application			
Number  I hereby state that I have reincluding the claims, as ame disclose all information whice  Foreign Application(s) and/or Claim	and was amende eviewed and understood t ended by any amendment h is material to patentabilit	d on				
I hereby state that I have reincluding the claims, as ame disclose all information whice Foreign Application(s) and/or Claim	eviewed and understood t ended by any amendment h is material to patentabilit	~ ~	(if applicable)			
including the claims, as ame disclose all information whic Foreign Application(s) and/or Claim	ended by any amendment h is material to patentabilit	I hereby state that I have reviewed and understood the contents of the above-identified specific				
•	of Foreign Priority	(s) referred to abo	ve. I acknowledge the duty			
	fits under Title 35, United State	v foreign application for	any foreign application(s) for patent or patent or inventor(s) certificate havi			
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U S.C. 119			
			YES: NO			
	1		YES NO			
Provisional Application	<del></del>		<del></del>			
	tle 35, United States Code Secti		ed States provisional application(s) lis			
	APPLICATION NUMBER	FILING DATE				
application and the national or PCT  APPLICATION NUMBER	international filing date of this a	STATUS (patented/pending/abandoned)				
POWER OF ATTORNEY: As a named inventor, I hereby ap business in the Patent and Tradema			secute this application and transact			
Customer Numb	per 022879	Place Customer Number Bar Code Label here				
Send Correspondence to:	N.	Direct Teleph	one Calls To:			
	iΥ	James R. Mo	:Daniel			
HEWLETT-PACKARD COMPAN	ition					
HEWLETT-PACKARD COMPAN Intellectual Property Administra P.O. Box 272400		208/396-409	95			
HEWLETT-PACKARD COMPAN Intellectual Property Administra		208/396-409	95 			
HEWLETT-PACKARD COMPAN Intellectual Property Administra P.O. Box 272400 Fort Collins, Colorado 80527-2 I hereby declare that all sta made on information and with the knowledge that	tements made herein of modelief are believed to be to willful false statements are Section 1001 of Title 1	ny own knowledge rue; and further th and the like so n l 8 of the United S	are true and that all statements these statements were made are punishable by fine tates Code and that such wi			
HEWLETT-PACKARD COMPAN Intellectual Property Administra P.O. Box 272400 Fort Collins, Colorado 80527-2 I hereby declare that all sta made on information and with the knowledge that imprisonment, or both, und	tements made herein of modelief are believed to be to willful false statements are Section 1001 of Title frdize the validity of the appropriate the section to the appropriate the section to the appropriate the section to the appropriate to the section to the se	ny own knowledge rue; and further th and the like so n l 8 of the United S	are true and that all statements these statements were manade are punishable by fine tates Code and that such with tent issued thereon.			
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## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

## ATTORNEY DOCKET NO. 10008213-1

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Inventor's Signature	ighter	Date	7-01		
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ACCENTAGE AND AC			Citizanahin		
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Residence:		<u></u>			
Post Office Address:					
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Inventor's Signature		Date			
To the second se					
Full Name of # 5 joint inventor	:		Citizenship:		
Residence:					
Post Office Address:					
Inventor's Signature		Date			
Full Name of # 6 joint inventor	r:		Citizenship:		
Residence:					
Post Office Address:					
1 001 011100 1100					
Inventor's Signature		Date			
Full Name of # 7 joint invento	or:		Citizenship:		
Residence:					
Post Office Address:	<del></del>				
rost Office Address.					
Inventor's Signature		Date			
Full Name of # 8 joint invente	or:		Citizenship:		
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Post Office Address:					
Inventor's Signature		Date			